



SOUTH BEND COMMUNITY SCHOOL CORPORATION

Summary of Attempts to Obtain Supporting Enrollment Documents

The State Board of Accounts requires that we make multiple efforts to obtain student enrollment supporting documents that prove age, residency, immunizations.

This requires that we fill out this summary of attempts and SAVE ALL SUPPORTING DOCUMENTATION of attempts made. If the documentation isn't saved, we have no proof and can be found in violation.

1. Student Name: _____ 2. Student ID #: _____

3. Guardian Name(s): _____

4. Stated Address: _____

5. Guardian Phone Number(s): _____

6. Missing Document(s): Birth Certificate Proof of Residency Immunization Record Other: _____

7a. Attempt 1 Type: In Person 1st Class Mail Phone Call Other: _____

Date: _____ Employee Name: _____ Note: _____

7b. Attempt 2 Type: In Person 1st Class Mail Phone Call Other: _____

Date: _____ Employee Name: _____ Note: _____

7c. Attempt 3 Type: In Person Certified Mail Phone Call Other: _____

Date: _____ Employee Name: _____ Note: _____

7d. Attempt 4 Type: In Person Certified Mail Phone Call Other: _____

Date: _____ Employee Name: _____ Note: _____

8. Guardian's Reason for not Sharing: _____

9. Mail Returned Date(s) & Reason: _____

10. Notes: _____

By signing below, I certify the above is true and correct to the best of my knowledge. I acknowledge the requirement to save supporting documentation of the above attempts electronically in a shared folder.

Employee's Name (print): _____ Signature: _____ Date: _____

Scan and save completed form to the student's electronic file. Send a copy of completed form to Enrollment Department.